

SUPPORTED LIVING PROTOCOL

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A. Initial request for Supported Living

1. Is the request for Supported Living to be provided in a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program?

If **YES**, stop and deny as **non-covered** based on the waiver service definition.

NOTE: To the extent there is a covered, medically necessary alternative, such service will be specified in the denial notice.

If **NO**, proceed to Question #2.

2. Medical necessity review questions:

- a. Is there sufficient information in the Individual Support Plan (ISP) to justify that the service recipient needs direct support services due to:
 - (1) The service recipient's need for assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, and eating), instrumental activities of daily living (e.g., meal preparation, household chores, budget management, and attending appointments) and/or interpersonal and social skills building that will enable the service recipient to acquire, retain, or improve skills necessary to live in a home in the community; **OR**
 - (2) A pattern of behavior by the service recipient that would pose a danger of harm to self or others; **AND**
- b. Is the service recipient age 18 years or older; **AND**
- c. Is there sufficient information in the ISP and/or supporting documentation to show that *at least* one of the following is applicable:
 - (1) The service recipient's need for direct support services and other services can **not** be safely and effectively met in the home for one of the following reasons:
 - (a) The service recipient resides in a home with family members and:
 - i. The caregiver(s) died; **OR**
 - ii. The caregiver(s) became physically or mentally incapacitated and can no longer reasonably provide caregiver services; **OR**

- iii. It is unsafe for the service recipient to remain in the home due to abuse or neglect by the caregiver(s) or by other individuals residing in the home; **OR**
 - iv. The service recipient has a history of aggressive or abusive behavior toward the caregiver(s) or other individuals residing in the home and the service recipient's continued presence in the home would present an imminent danger of harm to others in the home; **OR**
 - (b) The service recipient resides in a home with individuals other than family members, and:
 - i. The caregiver(s) are no longer willing or able to provide caregiver services; **OR**
 - ii. It is unsafe for the service recipient to remain in the home due to abuse or neglect by the caregiver(s) or by other individuals residing in the home; **OR**
 - iii. The service recipient has a history of aggressive or abusive behavior toward the caregiver(s) or other individuals residing in the home and the service recipient's continued presence in the home would present an imminent danger of harm to others in the home; **OR**
 - (c) The service recipient is currently homeless, will be homeless within 30 days due to eviction, or is being discharged from a hospital or other institution or custody of the Department of Children's Services and the service recipient does not have family members or others who are willing or able to provide a place of residence; **OR**
- (2) It is more cost-effective to meet the service recipient's needs for direct support services and other services through a waiver residential service rather than through the provision of other waiver services in the service recipient's home or in a home with family members or other caregivers.

If **YES to all three** of the criteria specified in "2.a" through "2.c" above, proceed to Question #3.

If **NO to any** criterion specified in "2.a" through "2.c" above, stop and deny as **not medically necessary**. All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- "Not necessary to treat" ("2.a" through "2.c");
- "Not safe and effective" ("*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee's needs.*") ("2.b" through "2.c"); and
- "Not the least costly adequate alternative" ("2.b" through "2.c").

NOTE: To the extent there is a covered, medically necessary alternative to Supported Living, such service will be specified in the denial notice.

- 3. Is the service recipient requesting Supported Living in a 1-person Supported Living home where there would be no other service recipients?

If **YES**, proceed to Question #4.

If **NO**, skip to Question #5.

4. Medical necessity review questions for Supported Living in a 1-person Supported Living home where there would be no other service recipients (*including* Supported Living in a companion-model type where the cost of Supported Living will exceed the cost of Supported Living in a 2-person Supported Living home):
- a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to justify that the service recipient meets **all** of the following three criteria for Supported Living in a 1-person Supported Living home:
 - (1) The service recipient has a documented pattern of aggressive behavior that has resulted in serious injuries (requiring medical treatment) or serious harm to others; **AND**
 - (2) The service recipient:
 - (a) Is currently exhibiting aggressive behavior that would pose a serious and imminent danger of harm to other housemates in a shared Supported Living home; **OR**
 - (b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; **OR**
 - (c) Has a documented history of significant psychiatric problems or behavioral problems which, due to the extreme seriousness of previous aggressive or inappropriate behavior toward others (e.g., sexual assault, pedophilia), would reasonably be expected to place others at extreme risk of harm; **AND**
 - (3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; **OR**
 - b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of *exceptional circumstances* involving severe behavioral conditions (other than those specified above) or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting?

NOTE: Any request for 1-person Supported Living based on such *exceptional circumstances* must be approved by the DMRS Central Office. Such requests must be submitted *in writing* and must specify the service recipient's medical conditions, diagnoses, and/or disabilities and must provide documentation specifying why the service recipient's needs can not be met in a shared residential setting.

If **YES** to all of the criteria specified in "4.a(1)" through 4.a(3)" above OR if **YES** to criterion "4.b" above, stop and approve Supported Living in a 1-person Supported Living home.

If **NO to any** criterion specified in "4.a(1)" through "4.a(3)" above AND if **NO** to criterion "4.b" above, stop and deny as **not medically necessary** unless Supported Living in 1-person Supported Living home or companion-type model does not exceed the cost of Supported Living in a 2-person Supported Living home. To the extent that Supported Living is medically necessary, but there is not adequate justification that such Supported Living *must* be in a 1-person Supported Living home, the service recipient may still receive Supported Living in a 1-person Supported Living home or companion-type model if the service recipient's needs are such that the cost of providing Supported Living in a 1-person Supported Living home or companion-type model does not exceed the cost of Supported Living in a 2-person Supported Living home.

All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative.”

NOTE: To the extent there is a covered, medically necessary alternative to Supported Living in a 1-person Supported Living home, such service will be specified in the denial notice.

- Is the service recipient requesting to fill a vacancy in a Supported Living home that will have only 2 service recipients because:
 - The size of the currently existing Supported Living home is such that it can only accommodate 2 service recipients; **OR**
 - The service recipient has a documented history of significant psychiatric problems or behavioral problems which justify limiting the number of service recipients in the home to two?

If **YES**, stop and approve Supported Living in a 2-person Supported Living home.

If **NO**, proceed to Question #6.

- Is the service recipient requesting to fill a vacancy to be the 3rd person in a 3-person Supported Living home?

If **YES**, stop and approve Supported Living in a 3-person Supported Living home.

If **NO**, stop and approve Supported Living in a 2-person Supported Living home on a *short-term basis* until other housemates can be arranged, in accordance with the following:

- Approve Supported Living in a 2-person Supported Living home for *the lesser of*: (1) the remainder of the current month plus the following 5 calendar months; or (2) until the end date of the annual ISP. The approval letter should specify that Supported Living in a 2-person Supported Living home is approved *only for the lesser of*: (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of Supported Living in a 2-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as **not medically necessary** on the basis that Supported Living in a 2-person Supported Living home is not medically necessary. Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative.”

The covered, medically necessary alternative for the remainder of the requested duration (e.g., Supported Living in a 3-person Supported Living home) will be specified in the denial notice.

B. Continuation of Supported Living in the Same Home

- Is the request for *continuation* of Supported Living to be provided in a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program?

If **YES**, stop and deny as **non-covered** based on the waiver service definition.

If previously approved Supported Living is reduced or terminated (including on the grounds that such service is non-covered based on the waiver service definition), issue 20 days advance notice (inclusive of mail time) of reduction or termination of services, as applicable, indicating that the services will be reduced or terminated on the 21st day from the date of the notice. The previously approved Supported Living shall continue to be authorized and reimbursed pending such advance notice period.

The service recipient may file a timely appeal regarding the reduction/termination of Supported Living within 40 days from the date of the notice (inclusive of mail time).

If an appeal is received within 20 days from the date of notice (inclusive of mail time), the service recipient may request continuation of previously approved Supported Living pending resolution of the appeal. However, continuation of benefits is **not available** for a non-covered service, including a request that is beyond the scope of the waiver service definition, and accordingly, may not be granted.

NOTE: To the extent there is a covered, medically necessary alternative to Supported Living, such service will be specified in the denial notice.

If **NO**, proceed to Question #2.

2. Medical necessity review criteria:

- a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to show that the service recipient *continues* to need direct support services due to:
 - (1) The service recipient's need for assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, and eating), instrumental activities of daily living (e.g., meal preparation, household chores, budget management, and attending appointments) and/or interpersonal and social skills building that will enable the service recipient to acquire, retain, or improve skills necessary to live in a home in the community; **OR**
 - (2) A pattern of behavior by the service recipient that would pose a danger of harm to self or others?

If **YES**, proceed to Question #3.

If **NO**, stop and deny as **not medically necessary**. Applicable prongs of medical necessity may include:

- "Not necessary to treat;"
- "Not safe and effective" (*"The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee's needs."*); and
- "Not the least costly adequate alternative."

If previously approved Supported Living is reduced or terminated, issue 20 days advance notice (inclusive of mail time) of reduction or termination of services, as applicable, indicating that the services will be reduced or terminated on the 21st day from the date of the notice. The previously approved Supported Living shall continue to be authorized and reimbursed pending such advance notice period.

The service recipient may file a timely appeal regarding the reduction/termination of Supported Living within 40 days from the date of the notice (inclusive of mail time). If an

appeal is received within 20 days from the date of notice (inclusive of mail time), the service recipient may request continuation of the previously approved Supported Living pending resolution of the appeal, in which case such previously approved Supported Living shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.

NOTE: To the extent there is a covered, medically necessary alternative to Supported Living, such service will be specified in the denial notice.

3. Is the service recipient *currently* receiving Supported Living in a 1-person Supported Living home?

If **YES**, proceed to Question #4.

If **NO**, skip to Question #5.

4. Medical necessity review questions for *continuation* of Supported Living in a 1-person Supported Living home (*including* Supported Living in a companion-type model where the cost of Supported Living will exceed the cost of Supported Living in a 2-person Supported Living home):

- a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to justify that the service recipient meets **all** of the following three criteria for continued Supported Living in a 1-person Supported Living home:

- (1) The service recipient has a documented pattern of aggressive behavior that has resulted in serious injuries (requiring medical treatment) or serious harm to others; **AND**
- (2) The service recipient:
 - (a) Is currently exhibiting aggressive behavior that would pose a serious and imminent danger of harm to other housemates in a shared Supported Living home; **OR**
 - (b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; **OR**
 - (c) Has a documented history of significant psychiatric problems or behavioral problems which, due to the extreme seriousness of previous aggressive or inappropriate behavior toward others (e.g., sexual assault, pedophilia), would reasonably be expected to place others at extreme risk of harm; **AND**
- (3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; **OR**

- b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of *exceptional circumstances* involving:

- (1) Severe behavioral conditions (other than those specified above) or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting; **OR**
- (2) Ownership of a home that cannot accommodate more than one service recipient?

NOTE: Any request for 1-person Supported Living based on such *exceptional circumstances* must be approved by the DMRS Central Office. Such requests must be

submitted *in writing* and must specify the service recipient's medical conditions, diagnoses, and/or disabilities and must provide documentation specifying why the service recipient's needs can not be met in a shared residential setting.

If **YES** to all of the criteria specified in "4.a(1)": through "4.a(3)" above OR if **YES** to either of the exceptional circumstances criteria specified in "4.b(1)" or "4.b(2)" above, stop and approve *continuation* of Supported Living in a 1-person Supported Living home.

If **NO to any** criterion specified in "4.a(1)" through "4.a(3)" above AND if **NO** to criterion "5.b" above, stop and approve *continuation* of Supported Living in a 1-person Supported Living home on a short-term basis, as follows, until other housemates can be arranged.

- a. Approve *continuation* of Supported Living in a 1-person Supported Living home for *the lesser of*: (1) the remainder of the current month plus the following 5 calendar months or (2) until the end date of the annual ISP subject to "b" and "c" below. The approval letter should specify that Supported Living in a 1-person Supported Living home is approved *only for the lesser of* (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of Supported Living in a 1-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as **not medically necessary** on the basis that *continuation* of Supported Living in a 1-person Supported Living home is not medically necessary. Applicable prongs of medical necessity may include:

- "Not necessary to treat;"
- "Not safe and effective" ("*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee's needs.*"); and
- "Not the least costly adequate alternative."

The covered, medically necessary alternative for the remainder of the requested duration (e.g., Supported Living in a 2 or 3-person Supported Living home) will be specified in the denial notice.

The service recipient may file a timely appeal regarding the reduction/termination of Supported Living (including the reduction from Supported Living in a 1-person Supported Living home to Supported Living in a 2 or 3-person Supported Living home) within 40 days from the date of the notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization). If an appeal is received within 20 days from the date of notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization), the service recipient may request continuation of the previously approved Supported Living (including the type of Supported Living home, i.e., 1-person) pending resolution of the appeal, in which case such previously approved Supported Living shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.

- b. If Supported Living in a 1-person Supported Living home has previously been approved one time as described above and housemates have not yet been arranged, Supported Living in a 1-person Supported Living home may be approved **one additional time** such that the initial and second approvals do not exceed a total of 12 calendar months.
- c. If Supported Living in a 1-person Supported Living home has previously been approved for a total of 12 calendar months as described above and housemates have not yet been arranged, deny the 1-person Supported Living home as **not medically necessary** and approve the applicable 2-person or 3-person Supported Living home. Applicable prongs of medical necessity may include:
- "Not necessary to treat;"

- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
 - “Not the least costly adequate alternative.”
- d. To the extent that *continuation* of Supported Living is medically necessary, but there is not adequate justification that such Supported Living must be in a 1-person Supported Living home, the service recipient may still receive Supported Living in a 1-person Supported Living home or companion-type model if the service recipient’s needs are such that the cost of providing Supported Living in a 1-person Supported Living home or companion-type model does not exceed the cost of Supported Living in a 2-person Supported Living home.
5. Has the number of housemates in the Supported Living home decreased from three (3) to two (2)?

If **YES**, stop and approve *continuation* of Supported Living in a 2-person Supported Living home on a *short-term basis*, as follows, until another housemate can be arranged:

- a. Approve *continuation* of the Supported Living service for *the lesser of*: (1) the remainder of the current month plus the following 5 calendar months or (2) until the end date of the annual ISP, subject to “5.b” and “5.c” below. The approval letter should specify that Supported Living in a 2-person Supported Living home is approved *only for the lesser of* (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of Supported Living in a 2-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as **not medically necessary** on the basis that *continuation* of Supported Living in a 2-person Supported Living home is not medically necessary. Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative.”

The covered, medically necessary alternative for the remainder of the requested duration (e.g., Supported Living in a 3-person Supported Living home) will be specified in the denial notice.

The service recipient may file a timely appeal regarding the reduction/termination of Supported Living (including the reduction from Supported Living in a 2-person Supported home to Supported Living in a 3-person Supported Living home within 40 days from the date of the notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization). If an appeal is received within 20 days from the date of notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization), the service recipient may request continuation of the previously approved Supported Living (including the type of Supported Living home, i.e., 2-person) pending resolution of the appeal, in which case such previously approved Supported Living shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.

- b. If Supported Living in a 2-person Supported Living home has previously been approved one time as described above and housemates have not yet been arranged, Supported Living in a 2-person Supported Living home may be approved **one additional time** such that the initial and second approvals do not exceed a total of 12 calendar months.
- c. If Supported Living in a 2-person Supported Living home has previously been approved for a total of 12 calendar months as described above and housemates have not yet been arranged, deny the 2-person Supported Living home as **not medically necessary** and

approve the 3-person Supported Living home. Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative.”

If **NO**, stop and approve *continuation* of Supported Living.

C. Transfer to a Different Supported Living Home and *Continuation* of Services

1. Is the request for transfer to a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program?

If **YES**, stop and deny the request for transfer. Supported Living in a home where the service recipient will live with family members who are not service recipients enrolled in the waiver program is **non-covered** based on the waiver service definition.

NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, *continuation* of the Supported Living *service* should be approved. Only the request for transfer is denied.

Unless the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1 or 2-person Supported Living home, as applicable), the denial of a request for transfer does not constitute an adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.

If the request for transfer *does* involve a request for Environmental Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1 or 2-person Supported Living home, as applicable), notice of action is required.

If **NO**, proceed to Question #2.

2. Medical necessity review criteria for *continuation* of Supported Living in *all* types of Supported Living homes:

- a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to show that the service recipient *continues* to need direct support services due to:
 - (1) The service recipient’s need for assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, and eating), instrumental activities of daily living (e.g., meal preparation, household chores, budget management, and attending appointments) and/or interpersonal and social skills building that will enable the service recipient to acquire, retain, or improve skills necessary to live in a home in the community; **OR**
 - (2) A pattern of behavior by the service recipient that would pose a danger to self or others.

If **YES**, proceed to Question #3.

If **NO**, stop and deny *continuation* of Supported Living as **not medically necessary**.
Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative.”

If previously approved Supported Living is reduced or terminated, issue 20 days advance notice (inclusive of mail time) of reduction or termination of services, as applicable, indicating that the services will be reduced or terminated on the 21st day from the date of the notice. The previously approved Supported Living shall continue to be authorized and reimbursed pending such advance notice period.

The service recipient may file a timely appeal regarding the reduction/termination of Supported Living within 40 days from the date of the notice (inclusive of mail time). If an appeal is received within 20 days from the date of notice (inclusive of mail time), the service recipient may request continuation of the previously approved Supported Living pending resolution of the appeal, in which case such previously approved Supported Living shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.

NOTE: To the extent there is a covered, medically necessary alternative to Supported Living, such will be specified in the denial notice.

3. Is the service recipient requesting transfer to Supported Living in a 1-person Supported Living home where there would be no other service recipients?

If **YES**, proceed to Question #4.

If **NO**, skip to Question #8.

4. Is the request for Supported Living in a companion-type model?

If **YES**, proceed to Question #5.

If **NO**, proceed to Question #6.

5. Would there be increased costs because:

- a. The transfer to the companion-type model Supported Living home would require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the *current* Supported Living home, **OR**
- b. The cost of Supported Living in the companion-type model Supported Living home would *exceed* the cost of Supported Living in the *current* home?

If **YES**, to either or both criteria specified in “5.a” and “5.b” above, proceed to Question #6.

If **NO** to both criteria specified in “5.a” and “5.b” above, stop and approve Supported Living in a companion-type model.

6. Medical necessity review questions for Supported Living in a 1-person Supported Living home (including Supported Living in a companion-type model where transfer to such companion-type model would require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the *current* Supported Living home **OR** where the cost of Supported Living will exceed the cost of such service in the *current* home):

- a. Is there sufficient information in the Individual Support Plan (ISP) and/or supporting documentation to justify that the service recipient meets **all** of the following three criteria for continued Supported Living in a 1-person Supported Living home:
- (1) The service recipient has a documented pattern of aggressive behavior that has resulted in serious injuries (requiring medical treatment) or serious harm to others; **AND**
 - (2) The service recipient:
 - (a) Is currently exhibiting aggressive behavior that would pose a serious and imminent danger of harm to other housemates in a shared Supported Living home; **OR**
 - (b) Has exhibited aggressive behavior within the past 12 months that posed a serious and imminent danger of harm to others; **OR**
 - (c) Has a documented history of significant psychiatric problems or behavioral problems which, due to the extreme seriousness of previous aggressive or inappropriate behavior toward others (e.g., sexual assault, pedophilia), would reasonably be expected to place others at extreme risk of harm; **AND**
 - (3) The service recipient's aggressive behavior cannot be reasonably and adequately managed in a shared residential setting; **OR**
- b. Is there documentation in the Individual Support Plan (ISP) and/or supporting documentation of *exceptional circumstances* involving severe behavioral conditions (other than those specified above) or serious medical conditions which cannot be reasonably and adequately managed in a shared residential setting?

NOTE: Any request for 1-person Supported Living based on such *exceptional circumstances* must be approved by the DMRS Central Office. Such requests must be submitted *in writing* and must specify the service recipient's medical conditions, diagnoses, and/or disabilities and must provide documentation specifying why the service recipient's needs can not be met in a shared residential setting.

If **YES** to all of the criteria specified in "6.a(1)" through "6.a(3)" above OR if **YES** to the exceptional circumstances criterion specified in "6.b" above, AND the request is for Supported Living in a companion-type model, stop and approve Supported Living in a companion-type model.

If **YES** to all of the criteria specified in "6.a(1)" through "6.a(3)" above OR if **YES** to the exceptional circumstances criterion specified in "6.b" above, AND the request is for Supported Living in a 1-person Supported Living home (other than a companion-type model), proceed to Question #7.

If **NO to any** criterion specified in "6.a(1)" through "6.a(3)" above AND if **NO** to criterion "6.b" above, stop and deny the request for transfer.

NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, *continuation* of the Supported Living *service* should be approved. Only the request for transfer is denied.

Unless the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1-person Supported Living home, as applicable), the denial of

a request for transfer does not constitute an adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.

If the request for transfer *does* involve a request for Environmental Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1-person Supported Living home, as applicable), notice of action is required.

All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative” (since it is less costly to continue providing Supported Living in the current Supported Living home.)

NOTE: To the extent that previously authorized Supported Living (e.g., Supported Living in a 2 or 3-person Supported Living home) continues to be medically necessary, *continuation* of such will be specified in the denial notice.

7. Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the *current* Supported Living home **OR** would the cost of Supported Living in a 1-person Supported Living home exceed the cost of Supported Living in the *current* home?

If **YES**, and *continuation* of Supported Living services in the *current* Supported Living home is adequate to meet the service recipient’s needs (including needs specified in “6.a(1)” through “6a.(3)” or “6.b” above, as applicable), deny the transfer request.

NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, *continuation* of the Supported Living *service* should be approved. Only the request for transfer is denied.

Unless the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1-person Supported Living home, as applicable), the denial of a request for transfer does not constitute an adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.

If the request for transfer *does* involve a request for Environmental Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 2 or 3-person Supported Living home to a 1-person Supported Living home, as applicable), notice of action is required.

All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative” (since it is less costly to continue providing Supported Living in the current Supported Living home).

If **YES**, but *continuation* of Supported Living services in the current Supported Living home is not adequate to meet the service recipient’s needs (including needs specified in “6.a(1)” through

6.a(3)” or “6.b” above, as applicable), approve the transfer request to Supported Living in a 1-person Supported Living home.

If **NO**, stop and approve the transfer request to Supported Living in a 1-person Supported Living home.

8. Is the service recipient requesting to fill a vacancy in a Supported Living home that will have only 2 service recipients because:
- The size of the currently existing Supported Living home is such that it can only accommodate 2 service recipients; **OR**
 - The service recipient has a documented history of significant psychiatric problems or behavioral problems which justify limiting the number of service recipients in the home to two?

If **YES**, proceed to Question #9.

If **NO**, proceed to Question #10.

9. Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the *current* Supported Living home **OR** would the cost of Supported Living in a 2-person Supported Living home *exceed* the cost of Supported Living in the *current* home?

If **YES** and *continuation* of Supported Living services in the current Supported Living home is adequate to meet the service recipient’s needs, deny the transfer request.

NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, *continuation* of the Supported Living *service* should be approved. Only the request for transfer is denied.

Unless the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), the denial of a request for transfer does not constitute an adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.

If the request for transfer *does* involve a request for Environment Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), denial of such *service* request(s) as **not medically necessary** does constitute an adverse action, and notice of action is required.

All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative” (since it is less costly to continue providing Supported Living in the current Supported Living home).

If **YES**, but *continuation* of Supported Living services in the current Supported Living home is not adequate to meet the service recipient’s needs, approve the transfer request to Supported Living in a 2-person Supported Living home.

If **NO**, stop and approve Supported Living in a 2-person Supported Living home.

10. Is the service recipient requesting to fill a vacancy to be the 3rd person in a 3-person Supported Living home?

If **YES**, proceed to Question #11.

If **NO**, proceed to Question #12.

11. Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the *current* Supported Living home **OR** would the cost of Supported Living in a 3-person Supported Living home *exceed* the cost of Supported Living in the *current* home?

If **YES**, and *continuation* of Supported Living services in the current Supported Living home is adequate to meet the service recipient's needs, deny the transfer request.

NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, *continuation* of the Supported Living *service* should be approved. Only the request for transfer is denied.

Unless the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), the denial of a request for transfer does not constitute an adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.

If the request for transfer *does* involve a request for Environmental Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), denial of such *service* request(s) as **not medically necessary** does constitute an adverse action, and notice of action is required.

All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- "Not necessary to treat;"
- "Not safe and effective" ("*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee's needs.*"); and
- "Not the least costly adequate alternative" (since it is less costly to continue providing Supported Living in the current Supported Living home).

If **YES**, but *continuation* of Supported Living services in the current Supported Living home is not adequate to meet the service recipient's needs, approve the transfer request to Supported Living in a 3-person Supported Living home.

If **NO**, stop and approve the transfer request to Supported Living in a 3-person Supported Living home.

12. Would such transfer require approval of additional Environmental Accessibility Modifications or additional MR housing assistance that would not be required in the *current* Supported Living home **OR** would the cost of Supported Living in a 2-person Supported Living home exceed the cost of Supported Living in the current home?

If **YES**, and *continuation* of Supported Living services in the current Supported Living home is adequate to meet the service recipient's needs, deny the transfer request.

NOTE: To the extent that previously authorized Supported Living continues to be covered and medically necessary, *continuation* of the Supported Living *service* should be approved. Only the request for transfer is denied.

Unless the request for transfer involves a request for Environmental Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), the denial of a request for transfer does not constitute an adverse action. Room and board, as well as the specific location of the Supported Living home, are outside the scope of the waiver service definition.

If the request for transfer *does* involve a request for Environmental Accessibility Modifications, or a request for Supported Living in a *different type* of Supported Living home (i.e., from a 3-person Supported Living home to a 2-person Supported Living home, as applicable), notice of action is required.

All of the unmet medical necessity criteria must be specified in the denial letter. Applicable prongs of medical necessity may include:

- “Not necessary to treat;”
- “Not safe and effective” (“*The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.*”); and
- “Not the least costly adequate alternative” (since it is less costly to continue providing Supported Living in the current Supported Living home).

If **YES**, but *continuation* of Supported Living services in the current Supported Living home is not adequate to meet the service recipient’s needs, approve Supported Living in a 2-person Supported Living home on a short-term basis until another housemate can be arranged, in accordance with the following:

- a. Approve the 2-person Supported Living service for *the lesser of*: (1) the remainder of the current month plus the following 5 calendar months or (2) until the end date of the annual ISP, subject to “12.b” and “12.c” below. If the requested duration of the Supported Living service exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as **not medically necessary**. The approval letter should specify that Supported Living in a 2-person Supported Living home is approved *only* for the lesser of (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of Supported Living in a 2-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as **not medically necessary** on the basis that Supported Living in a 2-person Supported Living home is not medically necessary. The covered, medically necessary alternative for the remainder of the requested duration (i.e., Supported Living in a 3-person Supported Living home) will be specified in the denial notice.

The service recipient may file a timely appeal regarding the limited duration of Supported Living in a 2-person Supported home within 40 days from the date of the notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization). If an appeal is received within 20 days from the date of notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization), the service recipient may request continuation of the previously approved Supported Living (including the type of Supported Living home, i.e., 2-person) pending resolution of the appeal, in which case such previously approved Supported Living shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.

- b. If Supported Living in a 2-person Supported Living home has previously been approved one time as described above and housemates have not yet been arranged, Supported

Living in a 2-person Supported Living home may be approved **one additional time** such that the initial and second approvals do not exceed a total of 12 calendar months.

- c. If Supported Living in a 2-person Supported Living home has previously been approved for a total of 12 calendar months as described above and housemates have not yet been arranged, deny the 2-person Supported Living home as **not medically necessary** and approve the 3-person Supported Living home. Applicable prongs of medical necessity may include:
- “Not necessary to treat;”
 - “Not safe and effective” (*“The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.”*); and
 - “Not the least costly adequate alternative.”

If **NO**, stop and approve Supported Living in a 2-person Supported Living home on a short-term basis until another housemate can be arranged, in accordance with the following:

- a. Approve the 2-person Supported Living service for *the lesser of*: (1) the remainder of the current month plus the following 5 calendar months or (2) until the end date of the annual ISP, subject to “12.b” and “12.c” below. If the requested duration of the Supported Living service exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as **not medically necessary**. The approval letter should specify that Supported Living in a 2-person Supported Living home is approved *only* for the lesser of (1) the specified period of time; or (2) until other housemates can be arranged. If the requested duration of Supported Living in a 2-person home exceeds the amount approved by this methodology, treat the approval as a partial approval and deny the remainder as **not medically necessary** on the basis that Supported Living in a 2-person Supported Living home is not medically necessary. The covered, medically necessary alternative for the remainder of the requested duration (i.e., Supported Living in a 3-person Supported Living home) will be specified in the denial notice.

The service recipient may file a timely appeal regarding the limited duration of Supported Living in a 2-person Supported home within 40 days from the date of the notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization). If an appeal is received within 20 days from the date of notice (inclusive of mail time), or *any time prior* to the effective date of the action (i.e., the expiration of the limited period of authorization), the service recipient may request continuation of the previously approved Supported Living (including the type of Supported Living home, i.e., 2-person) pending resolution of the appeal, in which case such previously approved Supported Living shall continue pending notification from TennCare that the appeal has been resolved and that continuation of benefits may be stopped.

- b. If Supported Living in a 2-person Supported Living home has previously been approved one time as described above and housemates have not yet been arranged, Supported Living in a 2-person Supported Living home may be approved **one additional time** such that the initial and second approvals do not exceed a total of 12 calendar months.
- c. If Supported Living in a 2-person Supported Living home has previously been approved for a total of 12 calendar months as described above and housemates have not yet been arranged, deny the 2-person Supported Living home as **not medically necessary** and approve 3-person Supported Living home. Applicable prongs of medical necessity may include:
- “Not necessary to treat;”
 - “Not safe and effective” (*“The type, scope, frequency, intensity, and duration of a medical item or service must not be in excess of the enrollee’s needs.”*); and
 - “Not the least costly adequate alternative.”